



Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

This document was prepared by Residential Care Services for the Locator website.

Business Name Fairwinds Redmond
Address 9988 AVONDALE RD NE,
City, State, Zip Redmond, WA

Provider Number 1814
Approval Status Disapproved
Facility Type Residential Care

On 11/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

4 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Smoke detector sensitivity report shows most smoke detection failed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

5 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

(IFC 1203.4 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Diesel fuel testing

At time of re-inspection the following was observed:

1. Vendor perform 4-hour load test. Facility will need to conform test is for building. Meter on report shows 200 hours less then what facility shows.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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Business Name	Fairwinds Redmond	Provider Number	1814
Address	9988 AVONDALE RD NE,	Approval Status	Disapproved
City, State, Zip	Redmond, WA	Facility Type	Residential Care

On 11/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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6 NFPA 80 Fire /Smoke Dampers Inspection and Testing

19.4 Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following paperwork was not provided: 1. Fire/smoke damper inspection will need to be performed and documented All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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Next inspection scheduled on or after: 12/19/2025

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature


Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2502 112 ST E
Tacoma WA 984455104
(509) 406-7209

Jason Van Gorkum Date: 2025.11.20
08:11:31 -08'00'

Signature

Initials of Authorized Facility Representative: _____



Washington State Patrol
Fire Protection Bureau
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Business Name	Fairwinds Redmond	Provider Number	1814
Address	9988 AVONDALE RD NE,	Approval Status	Disapproved
City, State, Zip	Redmond, WA	Facility Type	Residential Care

On 08/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3.

(IFC 315.3.2 2021)

At time of inspection the following was observed:

1. Blocked egress on west 1st floor stairwell by room 158

2 Appliance connection to fuel supply piping

Appliance connection to fuel supply piping. Gas cooking appliances shall be secured in place and connected to fuel-supply piping with an appliance connector complying with ANSI Z21.69/CSA 6.16. The connector installation shall be configured in accordance with the manufacturer's installation instructions. Movement of appliances shall be limited by restraining devices installed in accordance with the connector and appliance manufacturer's instructions.

IFC 319.5 - 2021

At time of inspection the following was observed:

1. Required restraining device found not attached to gas-fueled cooking appliances in kitchen

3 Modified or damaged.

Electrical wiring, devices, equipment and appliances that are modified or damaged, and constitute an electrical shock or fire hazard, shall not be used until repaired or replaced in accordance with this code and NFPA 70.

(IFC 603.2.1 2021)

At time of inspection the following was observed:

1. Receptacle cover missing on west 2nd floor main electrical room.
2. Receptacle cover missing on north 3rd floor electrical room by room 310.
3. Receptacle cover missing on north 3rd floor cable room by room 320.
4. Receptacle cover missing on north 3rd across from the laundry room.

4 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 603.2.2, 2021)

At time of inspection the following was observed:

1. Open junction in electrical room next to Book Nook on north 1st floor.
2. Electrical panel found in kitchen missing inside fuse box.



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Business Name	Fairwinds Redmond	Provider Number	1814
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On 08/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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5 Relocatable power taps and current taps

Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code.

(IFC 603.5, 2021)

At time of inspection the following was observed:

1. Multi plug found north 1st floor in room 121
2. Multi plug found west 1st floor in Health Wellness Directors office..

6 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3.

(IFC 606.3.3 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. First semi-annual hood cleaning
2. Second semi-annual hood cleaning

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

At time of inspection the following was observed:

1. Heavy grease buildup around and behind appliances.
2. Facility will need to change the number of times the hood is cleaned from 6 months to 3 months. IFC 2021 Table 606.3.3.1

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Code Requirement

Statement of Violation

7 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space.

(IFC 701.6 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Facility will need to provide documentation of locations of Fire-Rated Construction. Inspections report will need to show testing date, modifications, and repairs. Annual inspection of fire-resistance-rated construction will need to be performed and completed.

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

8 Penetrations - Maintaining Protection

Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions.

(IFC 703.1 2021)

At time of inspection the following was observed:

1. West 3rd floor A/C room has penetrations found from new system install HP26.
2. West 3rd floor A/C room has penetrations found from new system install HP25.
3. West 2nd floor A/C room has penetrations found from new system across from resident laundry.
4. West 2nd floor A/C room has penetrations found from new system across from room 245.
5. West 1st floor A/C room has penetrations found from new system across from room 145.
6. West 1st floor A/C room has penetrations found from new system across from resident laundry.
7. West 1st floor penetrations found above drop ceiling double doors and going into room 151
8. West 1st floor elevator machine room has a large opening in ceiling.
9. North 3rd floor dry wall missing in A/C room across from residents laundry.

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Code Requirement	Statement of Violation
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9 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically.

(IFC 705.2.4 2021)

At time of inspection the following was observed:

1. Double doors by pool table will not latch
2. Double doors by 131 will not latch
3. Stairwell door by room 365 will not latch
4. Stairwell door across room 231 will not latch
5. Electrical door by room 150 will not latch

10 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. 5-Year internal pipe Testing (NFPA 25 14.2.1.1)
2. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2)
3. Annual Trip Test (NFPA 25 13.1.1.2)
4. Annual forward flow test (NFPA 25 13.7.2)
5. Quarterly inspections Reports

At time of re-inspection the following was observed:

1. Sprinkler report from 9/18/2024 shows 2 deficiencies

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

At time of inspection the following was observed:

1. Missing escutcheon in A/C room on 3rd floor across from resident laundry

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Code Requirement	Statement of Violation
11 Extinguishing System Service	
Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. (IFC 904.13.5.2 2021)	The following deficiencies were cited as a result of this inspection: At the time of inspection, the following paperwork was not provided: 1. First semi-annual servicing (around may-jun 2024) At time of re-inspection the following was observed: 1. Hood report from 11/8/2024 shows 1 deficiencies All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. At time of inspection the following was observed: 1. Grease coming out of nozzles, will need to have vendor clean them out. 2. Commercial pizza ovens found in bistro/main lobby with no hood or suppression system. Will need to have suppression system vendor to come and verify system is not needed.
12 Inspection, Testing and Maintenance	
The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained. (IFC 907.8 2021)	The following deficiencies were cited as a result of this inspection: At time of re-inspection the following was observed: 1. Annual report 9/17/2025 shows 3 deficiencies and 2 units not tested All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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Code Requirement	Statement of Violation
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13 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Smoke detector sensitivity Report

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

14 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2021 WAC 51-54A)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Carbon Monoxide Alarms and Detectors will need to be tested, maintained and documented on an monthly schedule

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

15 Power Test

Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.

(IFC 1031.10.2 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Annual 90 minute power test had not been performed and documented

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Facility Type Residential Care

On 08/05/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

16 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

(IFC 1203.4 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Monthly 30-minute full load test
2. Diesel fuel testing

At time of re-inspection the following was observed:

1. Facility has not been performing monthly 30 minute load test. Vendor will need to perform 4-hour load test

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

17 NFPA 80 Fire /Smoke Dampers Inspection and Testing

19.4 Periodic Inspection and Testing.

19.4.1 Each damper shall be tested and inspected 1 year after installation.

19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Fire/smoke damper inspection will need to be performed and documented

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

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Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 09/04/2025

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature

Justin Abshier Plant Ops Supervisor
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Jason Van Gorkum Date: 2025.08.05 16:17:27 -07'00'
Signature

This document was prepared by Residential Care Services for the Locator website.



Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Fairwinds Redmond	Provider Number	1814
Address	9988 AVONDALE RD NE,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 03/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3.

(IFC 315.3.2 2021)

At time of inspection the following was observed:

1. Blocked egress on west 1st floor stairwell by room 158

2 Appliance connection to fuel supply piping

Appliance connection to fuel supply piping. Gas cooking appliances shall be secured in place and connected to fuel-supply piping with an appliance connector complying with ANSI Z21.69/CSA 6.16. The connector installation shall be configured in accordance with the manufacturer's installation instructions. Movement of appliances shall be limited by restraining devices installed in accordance with the connector and appliance manufacturer's instructions.

IFC 319.5 - 2021

At time of inspection the following was observed:

1. Required restraining device found not attached to gas-fueled cooking appliances in kitchen.

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Business Name	Fairwinds Redmond	Provider Number	1814
Address	9988 AVONDALE RD NE,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 03/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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4 Modified or damaged.

Electrical wiring, devices, equipment and appliances that are modified or damaged, and constitute an electrical shock or fire hazard, shall not be used until repaired or replaced in accordance with this code and NFPA 70. (IFC 603.2.1 2021)	At time of inspection the following was observed: 1. Receptacle cover missing on west 2nd floor main electrical room. 2. Receptacle cover missing on north 3rd floor electrical room by room 310. 3. Receptacle cover missing on north 3rd floor cable room by room 320. 4. Receptacle cover missing on north 3rd across from the laundry room.
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5 Open electrical terminations

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. (IFC 603.2.2, 2021)	At time of inspection the following was observed: 1. Open junction in electrical room next to Book Nook on north 1st floor. 2. Electrical panel found in kitchen has open fuse sections. 3. Electrical panel found in kitchen missing inside fuse box.
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6 Relocatable power taps and current taps

Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code. (IFC 603.5, 2021)	At time of inspection the following was observed: 1. Multi plug found north 1st floor in room 121 2. Multi plug found west 1st floor in Health Wellness Directors office..
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On 03/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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9 Penetrations - Maintaining Protection

Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions.

(IFC 703.1 2021)

At time of inspection the following was observed:

1. West 3rd floor A/C room has penetrations found from new system install HP26.
2. West 3rd floor A/C room has penetrations found from new system install HP25.
3. West 2nd floor A/C room has penetrations found from new system across from resident laundry.
4. West 2nd floor A/C room has penetrations found from new system across from room 245.
5. West 1st floor A/C room has penetrations found from new system across from room 145.
6. West 1st floor A/C room has penetrations found from new system across from resident laundry.
7. West 1st floor penetrations found above drop ceiling double doors and going into room 151
8. West 1st floor elevator machine room has a large opening in ceiling.
9. North 3rd floor dry wall missing in A/C room across from residents laundry.

10 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically.

(IFC 705.2.4 2021)

At time of inspection the following was observed:

1. Double doors by 350 will not latch
2. Double doors by 230 will not latch
3. Double doors by pool table will not latch
4. Double doors by 131 will not latch
5. Door storage room 241 will not latch
6. Stairwell door by room 365 will not latch
7. Stairwell door across room 231 will not latch
8. Electrical door by room 150 will not latch



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On 03/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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12 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

(IFC 904.13.5.2 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. First semi-annual servicing
2. Second semi-annual service

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

At time of inspection the following was observed:

1. Grease coming out of nozzles, will need to have vendor clean them out.
2. Commercial pizza ovens found in bistro/main lobby with no hood or suppression system. Will need to have suppression system vendor to come and verify system is not needed.

13 Inspection, Testing and Maintenance

The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained.

(IFC 907.8 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Annual report
2. Monthly single and multiple station alarms test (IFC 907.8)

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

At time of inspection the following was observed:

1. Smoke detectors found covered in the following locations:
345, 245, 145



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Code Requirement	Statement of Violation
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17 Power Test

Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.

(IFC 1031.10.2 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Annual 90 minute power test had not been performed and documented

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

18 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

(IFC 1203.4 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Annual service report
2. Log of weekly inspections
3. Monthly 30-minute full load test
4. Diesel fuel testing

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

19 NFPA 80 Fire /Smoke Dampers Inspection and Testing

19.4 Periodic Inspection and Testing.

19.4.1 Each damper shall be tested and inspected 1 year after installation.

19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.

The following deficiencies were cited as a result of this inspection:

At the time of inspection, the following paperwork was not provided:

1. Fire/smoke damper inspection will need to be performed and documented

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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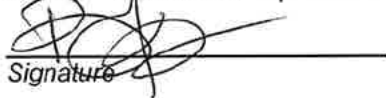
On 03/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification to the door assembly have been preformed that void the label. 12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and intertie 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 04/24/2025

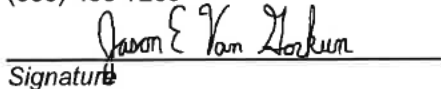
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature

Brooke Kasten General Manager
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209


Signature